

2008/2009 HIGHER EDUCATION MERIT PAY APPLICATION INFORMATION

The "Best Beginnings" Merit Pay program was developed with the goal of improving the quality of services for young children, by encouraging child care providers and care givers to participate in additional training and/or education.

Individual Higher Education Merit Pay awards will be available based on the following criteria:

1. Every Higher Education Merit Pay participant must be an active member of the Montana Early Care and Education Practitioner Registry **before** receiving any Merit pay funds, however, you may apply for Merit Pay if you are not a current member.

2. To qualify for a Higher Education Merit Pay award an individual must work a minimum of 15 hours a week in:

- A registered group or family child care home,
- A licensed child care center,
- A Montana Head Start, Early Head Start or Tribal Head Start, or
- Provider Service staff with a Montana Child Care Resource and Referral Agency

Applicants who have received the award and have not completed a credential or degree in early childhood education or a related field will receive first priority. Applicants who are in the process of becoming licensed or registered, but have not yet been granted a certificate, are eligible to apply. Each staff person in a facility is eligible to receive an award. ***Early care practitioners may apply for only one of the three Merit Pay Programs.***

3. **Higher Education Merit Pay**— Participants may receive \$750 for completion of 6 credits for Fall Semester 2008. See Merit Pay Brochure for more information.

4. Applicants **must** submit a **Plan of Study** for Merit Pay approval. The following training and/or education qualify for a "Best Beginnings" Higher Education Merit Pay **Plan of Study**.

- * **Higher Education Merit Pay**— College courses that will lead to a certificate or degree in Early Childhood and/or Child Development or a related field

5. To learn about additional training and/or education resources contact:

- *The Montana Early Care and Education Career Development office 1-800-213-6310, website: ecp@montana.edu
- *Your district Childcare Resource and Referral (CCR&R) agency
- *Montana colleges, universities and community colleges
- *Extension programs
- *Chambers of Commerce
- *Community Early Childhood organizations, MtAEYC, MtCCA
- *Other community programs

6. Please complete and submit the application and Plan of Study form for approval. Applicants selected will be sent a copy of their approved application and Plan of Study and a "Best Beginning" Merit Pay summary form in the mail no sooner than July 11, 2008

7. CCR&R agencies will also receive a copy of each approved Plan of Study for participating practitioners in their districts. This will enable CCR&R agencies to coordinate training and assist practitioners if modifications to Plans are needed during the course of the year.

The attached application must be completed and received in the Department of Public Health and Human Services - Early Childhood Services Bureau office, no later than 5:00 p.m., June 6, 2008. The Application and Plan of Study will be reviewed and applicants will receive a copy of the approved Application and Plan or notice of denial by July 11, 2008.

8. If the plan is approved, "Best Beginnings" Merit Pay participants will be required to complete a Merit Pay Summary Form certifying they have completed their training and/or education, are still actively employed in a licensed or registered child care facility and attach the following:

Higher Education Merit Pay:

- * Copy of their College transcripts or grades verifying they have successfully completed the coursework with a passing grade (unofficial transcripts are acceptable)
- * Copy of their Montana Early Care and Education Practitioner Registry Certificate
- * W-9

9. Applicants selected for the "Best Beginnings" Higher Education Merit Pay program are responsible for completion of their approved Plan of Study prior to payment being released.

If you have any questions please contact your district CCR&R agency or the ECSB, Program Specialist at 1-866-239-0458.

Applications must be received in the ECSB office NO LATER than 5:00 p.m., June 6, 2008. Send to:

**Early Childhood Services Bureau
Merit Pay Application
PO Box 202925
Helena, MT 59620-2925**



BEST BEGINNINGS QUALITY CHILD CARE INITIATIVES

HIGHER EDUCATION MERIT PAY

FOR COURSES COMPLETED FALL SEMESTER 2008

(NOTE: Please type or print using BLUE ink.) Only One type of Merit Pay program may be applied for each year.

Name: _____ PS# _____

Date of Birth: _____ SSN: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Place of Employment: _____ PV#: _____

Child Care Resource and Referral District: _____

1. Type of program where you work: *Applicants must work a minimum of 15 hours/week in an early childhood facility:*

Registered/Licensed with DPHHS:

☐ Family Child Care Home

☐ Group Child Care Home

☐ Child Care Center

OR:

☐ Part-Day Head Start/Early Head Start

☐ Full-Day Head Start/Early Head Start

☐ Tribal Head Start

☐ Provider Services with CCR&R agency ☐ Other _____

2. Applications must include a letter of intent that describes Education Background, brief summary of career goals and how you think additional education will enhance your ability to work with children.

Every Merit Pay participant must be an active member of the Montana Early Care and Education Practitioner Registry before receiving any Merit Pay funds, however, you may apply for Merit Pay if you are not a current member.

3. Are you a member? ☐ Yes ☐ No If yes, what level? _____

4. Have you received Higher Ed Merit Pay before? ☐ Yes ☐ No Year: _____

Income Eligibility: Financial need will be a criteria for Higher Education Merit Pay Awards. Please note the dollar amount of your income as reported on your latest federal household tax return. This number includes all income, not just wages.

5. Number in family: _____ Gross family income from most current Federal Tax Return: _____

6. Please indicate the total amount of financial assistance you expect to receive funding this year.
\$Amount

Federal Pell Grant - Full/Partial _____

Indian Fee Waiver _____

Head Start or Early Head Start _____

Other Best Beginnings Grants _____

Other (specify) _____

7. Have you submitted to the Free Application for Federal Student Aid (FAFSA) for this semester? ☐ Yes ☐ No

Applicants will not be eligible for Higher Ed. Merit Pay if receiving full funding from Pell Grants, Head Start, or other sources.

Signature

Date

FOR ECSB OFFICE USE ONLY

Approved by: _____ Date: _____

HIGHER EDUCATION MERIT PAY
PLAN OF STUDY

Undergraduate coursework must be completed at a college or university located in Montana and accredited and recognized by the Montana Board of Regents. **Graduate** coursework may be completed at a college or university, in or out of Montana, which is **accredited and recognized** by the Montana Board of Regents.

- 6 Credits for Fall Semester
- \$750 will be awarded upon successful completion of 6 credits of approved coursework for Fall Semester 2008
- Return Plan of Study Summary upon successful completion of 6 credits of approved coursework for Fall Semester 2008

College Course	Name of Montana College	Anticipated Dates	Number of Semester Credits
Fall Semester 2008			
			Total Credits:
If more room is required for you Plan of Study, please attach a separate sheet of paper.			

NOTE All applications must have a **Plan of Study** attached to be considered. The **Plan of Study** is documentation of college courses, dates and how many credits you are expecting to complete.

I _____ attest that I am seeking a Certification or Degree in Early Childhood Education that leads to a Level IV or higher on the Montana Early Care and Education Practitioner Registry.

- ☐ CDA ☐ CCDS (Early Childhood Apprentice)
☐ AA ☐ BA/BS ☐ MA

Employer Certification: (*Must be filled in even if the applicant is the owner/director of the facility*)

I certify that _____ is currently working 15 or more hours per week in a registered group or family child care home; a licensed child care center; a Montana Head Start, Early Head Start or Tribal Head Start; or provider staff with a Montana Child Care Resource and Referral Agency.

Signature of Director/Owner: _____ PV#: _____

I certify to the best of my knowledge that all information given is true and correct.

Applicant Signature: _____ Date: _____